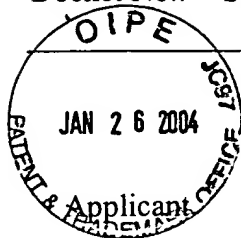


Docket No.: SRSLABS.217A

Customer No.: 20,995



AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Klayman  
App. No. : 09/185,876  
Filed : November 3, 1998  
For : VOICE INTELLIGIBILITY  
ENHANCEMENT SYSTEM  
Examiner : M. Opsasnick  
Art Unit : 2655

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

January 22, 2004

(Date)

*Karen J. Lenker*  
Karen J. Lenker, Reg. No. 54,618

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

RECEIVED

FEB 02 2004

Technology Center 2600

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

- (X) Response to Office Action Dated August 26, 2003 in 19 pages.
- (X) Submission of Proposed Drawing Amendments for Approval by the Examiner

The fee has been calculated as shown below:

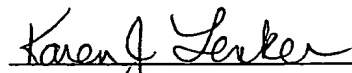
FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	65 - 71 = 0	1202 (\$18)	0 x 18 =	\$0
Independent Claims	9 - 11 = 0	1201 (\$86)	0 x 86 =	\$0
Multiple Claim		1203 (\$290)		\$0
1 Month Extension		1251 (\$110)		\$0
2 Month Extension		1252 (\$420)		\$420
3 Month Extension		1253 (\$950)		\$0
			TOTAL FEE DUE	\$420

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.
- (X) A check in the amount of \$420 is enclosed.
- (X) Return prepaid postcard.

Docket No.: SRSLABS.217A

Customer No.: 20,995

- 
- (X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

  
\_\_\_\_\_  
Karen J. Lenker  
Registration No. 54,618  
Agent of Record  
Customer No. 20,995  
(949) 760-0404

H:\DOCS\KJL\KJL-2666.DOC-mmg  
012204